

**REQUEST FOR WAIVER OF MINIMUM STANDARDS
FOR RHODE ISLAND PUBLIC LIBRARIES**

Please complete and submit a form for each standard. After processing,
a copy will be returned to the library/combined libraries for your records.

Name of city or town:

Name of library/libraries:

We hereby request a waiver of the following standard:

Reason: (Attach supporting documentation, include staff member name for standard 3.12 waiver request):

Action which will be taken to comply with this standard:

Projected date for compliance with this standard:

In the event combined libraries fail to comply with a standard, this form must be signed by all libraries.

Library A: Signature of Director:

Date:

Library A: Signature of Chair/Board of Trustees:

Date:

Library B: Signature of Director:

Date:

Library B: Signature of Chair/Board of Trustees:

Date:

Library C: Signature of Director:

Date:

Library C: Signature of Chair/Board of Trustees:

Date:

This section to be completed by OLIS

City/town:

Library/libraries:

Standard number:

Waiver granted for staff member in professional position:

Name:

Position:

Waiver granted until (date):

Waiver denied (date):

Explanation:

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Chief of Library Services:

Date:

To be completed for appeal filing with the Library Board of Rhode Island.
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Action taken by the Library Board of Rhode Island:

Date